



**SHERIFF OF COOK COUNTY  
COURT SERVICES DEPARTMENT  
SUMMARY PUNISHMENT ACTION REQUEST**

GRIEVANCE NUMBER		
YR.	DIV.	NUM.

I.S.U. # (Inspectional Unit Services)  
I.A.D. # SPRO9-0267  
(Internal Affairs Division)

AFFECTED MEMBER	NAME (LAST, FIRST, M.I.) Spino, Samuel J.		STAR NUMBER 11055	IDE #	DATE NOTIFIED <i>23 Feb 09</i>
	RANK Deputy Sheriff IIB	FACILITY/UNIT Civil Division - Evictions Unit			
INITIATING SUPERVISOR	NAME (LAST, FIRST, M.I.) Pon, Peter W.		STAR NUMBER 523	DATE OF INCIDENT 17 Feb 09	DATE INITIATED 18 Feb 09
	RANK Deputy Lieutenant	FACILITY/UNIT Civil Division - Warrants/Levies/Evictions			
INDICATE LESS SERIOUS TRANSGRESSION: (reference Summary Punishment General Order) CCSD G.O. 3101.2, IV, B & V, B Attendance and Use of Benefit Time and CCSD G.O. 1375.3, V, A, 2 Absent Without Permission					
REMARKS	On 17 Feb 09, D/S Samuel Spino was in violation of CCSD G.O. 3101.2, IV, B & V, B in that D/S Spino was absent without prior approval (no 3-part form). The circumstances of this violation in accordance with CCSD G.O. 1375.3, V, A, 2; Absent without permission under conditions which did not necessitate an Internal Affairs investigation requires that D/S Spino be docked pay for the date of the infraction.				

**RECOMMENDED DISCIPLINARY ACTION**

WRITTEN REPRIMAND  1 DAY WITHOUT PAY  2 DAYS WITHOUT PAY  3 DAYS WITHOUT PAY

**INITIATING SUPERVISOR SIGNATURE & STAR NUMBER**

I have reviewed this S.P.A.R. and I:  accept the recommended Summary Punishment and waive my right to a hearing.  
 do NOT accept the recommended Summary Punishment and request a hearing.  
 do NOT accept the recommended Summary Punishment and request a Grievance procedure.

**AFFECTED MEMBER SIGNATURE & STAR NUMBER:**

I concur with the recommended Summary Punishment.  
 I do not concur with the recommended Summary Punishment. (See attached To-From Memo)

**FACILITY/UNIT HEAD SIGNATURE & STAR NUMBER:**

**DIVISION HEAD SIGNATURE & STAR NUMBER:**

If the Facility/Unit Head makes an alternate recommendation, the initiating supervisor shall complete a new S.P.A.R. form with the alternate recommendation.

**HEARING**

HEARING OFFICER	NAME (LAST, FIRST, M.I.)		STAR NUMBER	HEARING DATE
	RANK	DIVISION		

Based upon the findings of this hearing I, as the Hearing Officer, make the following determination:

I concur with the recommended Summary Punishment.  
 I do not concur with the recommended Summary Punishment.  
 I recommend:

**HEARING OFFICER SIGNATURE & STAR NUMBER:**

I accept the recommendation of the Hearing Officer and waive my right to a hearing with the Complaint Review Panel.  
 I do NOT accept the recommendation of the Hearing Officer and request a hearing with the Complaint Review Panel.

**AFFECTED MEMBER SIGNATURE & STAR NUMBER:**

**FINAL DISPOSITION:**

**CHIEF DEPUTY SHERIFF'S SIGNATURE:**

DATE: